Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL					cation Number	10/585,90	10/585,902			
							/29/2007			
For FY 2009							ta Crawfor	rd		
Applicant claims small entity status. See 37 CFR 1.27					iner Name	Harry A. 3781	Grosso			
TOTAL AMOUNT OF PAYMENT (\$) 156.00							61793			
					ley Docket	0470 - 00	01793			
METHOD OF PAYMENT (check all that apply)										
Chcck Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s)										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	FILING FEES SEARCH I Small Entity Smal			I FEES all Entity	EXAMINATION FEES y Small Entity					
Application Type Fee (\$) Fee (\$)			Fee (\$)	Fee (\$)	Fee (\$)		Fees Paid (\$)			
Utility	330	82	540	270	220	110				
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0			_	
									Small Entity	
Fee Description Each claim over 20 (including Reissues)								ee (\$)	Fee (\$)	
,					52 220	26 110				
Each independent claim over 3 (including Reissues) Multiple dependent claims								390	195	
• •	20 or HP	Extra Clai	ms <u>Fee</u>	(\$)	Fee Paid (\$)				ependent Claims	
	20	3	x 52.		156.00			'ee (\$)	Fee Paid (\$)	
HP = highest number of	total claims pai	d for, if greater th	nan 20.							
	3 or HP	Extra Clai		e (\$)	Fee Paid (\$)					
2 -		= 0	$-\frac{x}{2} = \frac{0}{2}$		0					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under										
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (S)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late	filing surchar	ge):				_	_			
SUBMITTED BY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_						
Signature	dell	# 1	F Nank		egistration No.	22,132	Telephone	e 41	2-471-8815	
Name (Print/Type)							Date	May	12, 2009	